

air. It was also found that a liberal allowance of light could not prevent the development of this disorder. Five children were given daily treatments with the violet ray. This treatment made no improvement on the rickets. The test diets were interesting from a point of view apart from the subject of rickets. In spite of the results of the experiments of others on rats, the authors failed to note similar results clinically. The only abnormal condition that they have noted has been a mild retardation in weight. Their experience led them to believe that under exceptional circumstances as in time of war, the danger to the infant from a deficiency of the fat-soluble factor is one not to cause great apprehension. It is not so widely distributed in nature as the water-soluble vitamin, but infants seem to be able to thrive for long periods on small quantities if the diet is otherwise complete. The great danger arises from diets composed merely of cereals and water or perhaps an insufficient amount of buttermilk or skimmed milk. There is a great danger of attributing to vitamins many little understood phenomena. They call attention to the peculiar and almost specific role played by cereal in the nutrition of infants. The gains produced could be recognized as due to an addition of any of the recognized vitamins, as diets rich in the fat-soluble, water-soluble vitamins, antiscorbutics, were improved by the addition of cereals. It was also not due to the simple increase of caloric value for the amount of food was comparatively insignificant. The simplest and most direct explanation of this is that this carbohydrate brings about a more complete oxidation and therefore a better utilization of the food.

OBSTETRICS

UNDER THE CHARGE OF

EDWARD P. DAVIS, A.M., M.D.,

PROFESSOR OF OBSTETRICS IN THE JEFFERSON MEDICAL COLLEGE, PHILADELPHIA.

The Care of the Pregnant and Nursing Woman.—BOURET (*Arch. mens. d'obst.*, August, 1919) describes methods for caring for pregnant and parturient women in recently constructed maternities and under conditions in which much can be done to improve the health and vigor of the offspring. He believes that a modern maternity should include a portion devoted to the disorders of pregnancy, another in which labor and the puerperal period receive attention and an infirmary for abnormal cases, and in addition an out-patient or dispensary service. The portion allotted to the disorders of pregnancy may contain four rooms, in which are two beds each. The maternity portion for labor and the puerperal period should have twenty beds, of which six are in isolated rooms; twelve in two wards containing six beds each and two beds in a large room with an incubator for infants. The infirmary should have a dozen beds, six in rooms of one or two beds each for infected cases and six for aseptic cases. The dispensary should be connected with the whole of

the maternity. The infirmary department and that devoted to labor should be independent and the infirmary should again be divided into two parts: one for septic and the other for aseptic cases. These should be separated. The infirmary should be of two parts: one for septic and the other for aseptic cases, completely separated, each with its sterilizing room and operating room. There should be independent entrances to this portion of the maternity, but it should be possible to communicate directly with the maternity. While we may condemn such a communication principle, practically it seems very necessary. The maternity proper, so-called, should contain not only beds for the lying-in patients, but rooms devoted to the care of infants and a pavilion for operations. The part reserved for operations is practically a small independent hospital, isolated in such a manner that if necessary one can readily exclude those from without. There should be a sterilizing room, with two large horizontal autoclaves, and not only should dressings be sterilized, but also bed-linen and the garments worn by patients in bed. There should also be two large reservoirs of sterilized water, apparatus for sterilizing instruments, appliances and room for ordinary labor, one for minor obstetrical operations and a large hall for clinics and operations. In each of the operating rooms there should be a copious supply of sterilized water, hot and cold. The sterilizing service of the infirmary should be completely independent of that in the maternity. It may be built on the same model, but it needs to be very much smaller. The writer adds illustrative cases showing the benefits for patients or the different functions of the maternity hospital.

Intra- and Extra-uterine Pregnancy.—BISSELL (*Am. Jour. Obst.*, December, 1919) records the case of a woman, married four years, without children. She had one abortion three years previously. She was taken subsequently with the classical symptoms of ectopic gestation in the right tube. At operation there was a typical ruptured ectopic pregnancy in the right tube. The pelvic cavity was filled with blood-clots, but there was no active bleeding. The tube, ovary and clot were adherent to the uterus and pelvic floor and the ovary and the tube were removed. The left tube and the ovary were slightly adherent. The uterus was large and soft, apparently two months pregnant. The patient made an uninterrupted recovery, left the hospital and returned at the normal termination of pregnancy, when she was delivered of a female child, weighing four and three-fourths pounds. Mother and child made a good recovery. From the interval of time elapsing between the operation and childbirth the question arises as to whether this was not a case of twin pregnancy. Many operators are accustomed to dilate and curette the uterus before removing by abdominal section an ectopic pregnancy. Recent study, however, has shown that this is injurious and the majority of operators omit it.

An Early Ovum in Situ in the Act of Aborting.—WILLIAMS (*Am. Jour. Obst.*, September, 1919) describes a rare and interesting case in which an impregnated ovum was in the act of aborting. The growth of the ovum was thirty-eight days after the end of the last period. The ovum was already abnormal and shows the youngest stage of hydatid mole which the writer has yet seen. The specimen was contained in a